PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

D-1495

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			16				Γ	RATE	FEE		RATE	FEE
FOR ·			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 0			X\$ 9=		OR	X\$18=	•
INDEPENDENT CLAIMS) minus 3 =		* / Ø		Ī	X42=		OR	X84=	÷ -x
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in co			olumn 2	L	TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN R SMALL ENTITY	
		(Column 1) CLAIMS		HIGH		(Column 3)	Г	SINALL		l I	OMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	*** PENIDENII	T CL AIM]=		X42=		OR	X84=	7
	TINOTTTIESE	TTATION OF IM	JEIN EL DEI	LIVOLIVI	OLANI		I	+140=		OR	+280=	-
							_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	u	(Colur	mn 2)	(Column 3)	^				ADDII. 1 LL	٠
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DÚSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	1 66	OR	X\$18=	1,66
	Independent	*	Minus	***		=	lt	X42=		OR	X84=	
L_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		\ 	+140=		OR	+280=	
							Ļ	TOTAL			TOTAL	
		ADDIT. FEE			OR ADDIT. FEE							
		(Column 1) CLAIMS	L 2 1 3 3 1 1 1	(Colur		(Column 3)	_				-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 01 1111	<u> -</u>		X42=	Ý	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	FNDEN	CLAIM		\	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
		mber Previously P iber Previously Pa							ropriate box			